

CUSTOMER NUMBER 25267

Certificate Under 37 C.F.R. 1.8(a

2700 First Indiana Plaza 135 North Pennsylvania Street Indianapolis, Indiana 46204 (317) 684-5000

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

3673 Group: Atty. Docket: 8266-0710 I hereby certify that this paper or fee is being deposited with the United States Postal Service as Applicants: Ganance first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, **BED SIDERAIL APPARATUS** Invention: Alexandria, VA 22313-1450. 10/079,126 Serial No.: February 19, 2002 Filed: Santos, R. Examiner.

D. Cwiklinski

RESPONSE

Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

MAR 1 6 2004 **GROUP 3600**

In response to the Office Action mailed December 9, 2003, please consider the remarks found herein.

3673

CUSTOMER NUMBER 25267

2700 First Indiana Plaza 135 North Pennsylvania Street Indianapolis, Indiana 46204

\$688

PATENT APPLICATION

Applicant:

Ganance

Serial No.:

10/079,126

Filing Date:

February 19, 2002

Title:

BED SIDERAIL APPARATUS

Group:

3673

Examiner:

Santos, R.

MAR 1 2 2004

Attorney Docket No.:

8266-0710

Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a response in the above-identified application:

The fee has been calculated as shown below:

Certificate	Under 3	7 C.F.R.	1.8(a)

I hereby certify that this paper or fee is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

On	March 9, 2004
	M. Wd.

D. Cwiklinski

Dated: March 9, 2004

RECEIVED

MAR 1 6 2004

GROUP 3600

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	NUMBER EXTRA	RATE	FEE	
TOTAL CLAIMS (37 C.F.R. 1.16(c))	44	69	0	\$18	\$0	
INDEPENDENT CLAIMS (37 C.F.R. 1.16(b))	17	9	8	\$86	\$688	
If applicant has small entity status under 37 C.F.R 1.9 and 1.27, then divide total fee by 2, and enter amount here. SMALL ENTITY TOTAL					\$688	
TOTAL FEE FOR ADDITIONAL CLAIMS					\$688	
An Extension of Time for month(s) is hereby requested under 37 C.F.R. 1.136(a). The required fee for filing this extension is:						
Information Disclosure Statement						

 A check in the amount of \$	to cover the total fe	e for this amendment is attac	ched.
missioner is hereby authorized to c C.F.R. 1.17 which may be required			
IcKinney & Evans LLP's Deposit A			

TOTAL FEE FOR THIS AMENDMENT

Attorney of Record

Printed Name: Ryan C. Barker Registration No.: 47,405